



STATE OF ARKANSAS  
SECURITIES DEPARTMENT  
HERITAGE WEST BUILDING, SUITE 300  
201 EAST MARKHAM STREET  
LITTLE ROCK, AR 72201



TELEPHONE: 501.324.9260 FAX: 501.324.9268 INTERNET: [www.state.ar.us/arsec](http://www.state.ar.us/arsec)

**FMLA Form 006-A**

**BRANCH MANAGER  
PERSONAL DATA**

**NOTE: PLEASE SUBMIT ORIGINAL FORMS ONLY; THE DEPARTMENT WILL NOT ACCEPT FAXED COPIES. PLEASE RETAIN A COPY FOR YOUR RECORDS. INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.**

Applicant/Licensee: \_\_\_\_\_

AR License Number\* \_\_\_\_\_

\*Enter "PENDING" if license number has not yet been issued.

Biographical Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

SSN \_\_\_\_\_

Business Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Employment Record

*(Include employment for last 10 years. Continue on Page 2 if necessary. )*

Date		Name & Address of Employer	Position Held and Nature of Duties
From	To		
_____ _____ _____	_____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
_____ _____ _____	_____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
_____ _____ _____	_____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

Employment Record  
(Continued from Page 1)

Date		Name & Address of Employer	Position Held and Nature of Duties
From	To		
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Education

High School	Received <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Certificate. Type Awarded: <div></div>	If none, highest grade completed: <div></div>
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List below post secondary schools, colleges, universities, trade/vocational, or others attended:

Name and Location	From		To		Major/Minor	Hours Completed	Degree/Diploma	Date Graduated
	Mo	Yr	Mo	Yr				
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Please read the following questions carefully. Details to affirmative responses must be reported on Page 4. Please list date(s), court name, case number, party(ies) and court ruling or judgment amount for each matter reported.

- |     |  |                          |     |                          |    |
|-----|--|--------------------------|-----|--------------------------|----|
| (a) | Have you ever been convicted of a crime punishable by one or more years imprisonment?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (b) | To the best of your knowledge, are you a subject of any pending criminal investigation or proceeding?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (c) | Have you been a subject of any action, order or proceeding, pending or concluded, by any state or federal agency regulating the mortgage banking, mortgage brokering, or mortgage servicing industries during the past five (5) years?                               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (d) | Have you been a subject of any action, order, or proceeding, pending or concluded, by any state or federal agency regulating the banking industry, securities industry, insurance industry, or any other financial services industry during the past five (5) years? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (e) | Have there been any civil judgments entered against you arising from complaints alleging fraud, dishonesty, misrepresentation, theft, misappropriation, bad faith, deceptive trade practices, or predatory lending practices during the past five (5) years?         | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| (f) | Are you been named as a defendant in any pending civil court proceeding in which a complaint alleges fraud, dishonesty, misrepresentation, theft, misappropriation, bad faith, deceptive trade practices, or predatory lending practices?                            | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Instructions. This page should be used to report details of affirmative responses to questions on Page 3. Identify the question number for which additional information is being provided and insert the requested information.

**Copy this page as necessary and attach.**

Item No.	Answer
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STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

I will comply with the provisions of Ark. Code Ann. § 23-39-501, *et seq.*, (Fair Mortgage Lending Act). I understand that non-compliance may result in a suspension or revocation of the Applicant's license. I further understand that any license issued is non-transferable and that, if the Licensee is sold or its organizational structure is changed, a new application must be filed.

Pursuant to the Fair Mortgage Lending Act, I authorize the Arkansas Securities Commissioner to conduct a financial and business responsibility background check as may be required to determine the general character and fitness of the Undersigned to engage in business as a mortgage banker, mortgage broker, or mortgage servicer. Further, I authorize the release of requested information to the Arkansas Securities Commissioner.

**I hereby swear or affirm that I have reviewed this application and the accompanying information submitted herein, and that the information contained therein is true, accurate, correct and complete to the best of my knowledge. I understand that the submission of false information to the Arkansas Securities Commissioner could result in the revocation or suspension of my license. I understand that it is unlawful pursuant to Section 23-39-516(a) of the Arkansas Fair Mortgage Lending Act for any person to make or cause to be made, in any document filed with the Arkansas Securities Commissioner, any statement that is, at the time and in light of the circumstances under which it is made, false or misleading in any material respect. Further, I understand that making or causing to be made a false or misleading statement as described above, if made willfully in a document filed with the Arkansas Securities Commissioner, is a Class B felony pursuant to Ark. Code Ann. Section 23-39-516(b), and carries a penalty of imprisonment of not less than five (5) years nor more than twenty (20) years imprisonment.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
Title

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_